

Indiana Professional Licensing Agency  
Indiana Massage Therapy Board (Group 14)  
402 W. Washington St. Room W072  
Indianapolis, IN 46204



«full\_name»  
«address\_line\_1»  
«address\_line\_2»  
«address\_line\_3»  
«address\_line\_4»

## IMMEDIATE ATTENTION REQUIRED

To renew by mail - please return this entire page to the address above after answering all questions on the form. Please be sure to enclose your renewal fee of \$150.00 and include your proof of professional liability insurance. Checks should be payable to: "Indiana Professional Licensing Agency."

### «LICENSE\_TYPE» Renewal Form

|  |  |   |   |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
|--|--|---|---|------------------------------|---|-----|----|---|-----|----|--|-----|----|---|-----|----|--|-----|----|---|-----|----|
| <b>Indiana Renewal Application</b>   | «full_name»<br>«address_line_1»<br>«address_line_2»<br>«address_line_3»<br>«address_line_4»  | Certificate Number<br>«license_no»  | Date Expires<br>«l_expiration_date»                   | Renewal Fee<br>«renewal_fee» |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
|  | Mail to:<br><b>Indiana Professional Licensing Agency<br/>Attn: Massage Therapy Board<br/>402 W. Washington St. Room W072<br/>Indianapolis, IN 46204</b>          | <b>SINCE YOU LAST RENEWED:</b> (if yes to any question, attach documentation and resolution of action)  |   |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
|  | Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal. | <table border="1"> <tr> <td>1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined <i>or</i> are formal charges pending in any state?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>2. Have you been denied a license, certificate, registration, or permit in any state?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>3. Have you been charged with, convicted of, pled guilty to, or nolo contendere to a violation of a federal or state law <i>or</i> are criminal charges pending?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>6. Do you have professional liability insurance which lists the State of Indiana as additionally insured?</td> <td>YES</td> <td>NO</td> </tr> </table> |   |                              | 1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined <i>or</i> are formal charges pending in any state? | YES | NO | 2. Have you been denied a license, certificate, registration, or permit in any state? | YES | NO | 3. Have you been charged with, convicted of, pled guilty to, or nolo contendere to a violation of a federal or state law <i>or</i> are criminal charges pending? | YES | NO | 4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders? | YES | NO | 5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct? | YES | NO | 6. Do you have professional liability insurance which lists the State of Indiana as additionally insured? | YES | NO |
|  | 1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined <i>or</i> are formal charges pending in any state?  | YES   | NO  |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
| 2. Have you been denied a license, certificate, registration, or permit in any state?  | YES  | NO  |   |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
| 3. Have you been charged with, convicted of, pled guilty to, or nolo contendere to a violation of a federal or state law <i>or</i> are criminal charges pending? | YES  | NO  |   |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
| 4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?  | YES  | NO  |   |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
| 5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct?   | YES  | NO  |   |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
| 6. Do you have professional liability insurance which lists the State of Indiana as additionally insured?  | YES  | NO  |   |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
| I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.                      | Signature Of Applicant (respond Yes or No to all questions)  |   | Date Signed   |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |
| Email Address:   | Enter change of address  |   | ADD A LATE FEE of \$50 if POSTMARKED AFTER 05/15/2013 |                              |   |     |    |   |     |    |  |     |    |   |     |    |  |     |    |   |     |    |

- **IF YOU ANSWERED "YES" TO QUESTIONS 1 - 5 ABOVE:** email a detailed explanation for each "yes" response to [pla14@pla.in.gov](mailto:pla14@pla.in.gov) (please insert your certificate number, name and "Positive Response" in your email subject line). You may also fax your statement to: (317)233-4236. **YOUR RENEWAL CANNOT BE PROCESSED UNTIL THE STATEMENT IS RECEIVED.** Upon review of the submitted information, the Committee may request additional documentation.
- **Professional Liability Insurance:** You are required to hold professional liability insurance, which lists the State of Indiana as additionally insured, in order to practice massage therapy in the State of Indiana. In order to finish your renewal, you must send your proof of insurance to the board.
- **Late renewals:** If you renew after May 15, 2013, you must pay a \$50.00 late fee in addition to the renewal fee - no exceptions.
- **Name changes:** Name change requests must be made in writing – include a copy of a legal name change document (marriage license, divorce decree, or other court order establishing legal name) and mail to the address above. Please include your license number.
- **Pocket cards:** The Indiana Professional Licensing Agency no longer issues pocket license cards at license renewal. If you need to purchase a new pocket card, you may do so online at [www.pla.in.gov](http://www.pla.in.gov). Please note that permanent pocket license cards no longer feature expiration dates, although a card with an expiration date can also be purchased online.
- **If you have questions:** contact the Massage Therapy Board by email at [pla14@pla.in.gov](mailto:pla14@pla.in.gov) or by phone at (317) 234-8800.